PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

0/594711

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------|--------------------------|-------------|------------------|--------|-------------------|------------------------|------------------|----------------------------|------------------------|--|
| U.S. NATIONAL STAGE FEES | | | (Column 1) | | (Column 2) | | 1 | RATE | FEE |] | RATE | FEE | |
| BASIC FEE | | | | | | | | BASIC FEE | | OR | BASIC FEE | 3.00 | |
| EXA | MINATION FE | E | | | | | | EXAM. FEE | | Ì | EXAM, FEE | 1 | |
| SEA | RCH FEE | | | | | | 1 | SEARCH FEE | | | SEARCH FEE | 200 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | . minus 100 = | | | / 50 = | 1 | X \$ 125 = | | | X \$ 250 = | 1400 | |
| TOTAL CHARGEABLE CLAIMS | | | 32 minus 20 = . | | * | 12 | | X \$ 25 = | | OR | X \$ 50 = | 600 | |
| INDEPENDENT CLAIMS | | | l l | minus 3 = | * | | | X \$ 100 = | | OR | X \$ 200 = | | |
| | | DENT CLAIM PR | • | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 1500 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | 1 1 | SMALLE | NTITY | OR | OTHER SMALL E | | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | oR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | | | | TOTAL ADDIT. | - 3777 | |
| | | (Column 1) | _ | (Colum | | (Column 3) | ř., r | | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID F | BER USLY | PRESENT EXTRA | | RATE · | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus . | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | . + \$ 360 = | | |
| | | | | • | | | _ | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | | |
| ** | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |
| FORM PTO-875 (Rev. 02/2005) Palent and Trademark Office, JLS DEDARTMENT OF COMMERCE | | | | | | | | | | | | | |